

N. B.—In case of more than one child of same birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of _____
Town of _____
or _____
City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 233
County Registrar No. 798
Local Registrar No. _____

2. Full name of child Rosalio Espinoza (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other born 6. Legitimate? Yes 7. Date of birth August 30, 1926
Month _____ Day _____ Year _____

8. FATHER
Full name Mariano Espinoza

14. MOTHER
Full maiden name Selva Cano

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Guayma

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Guayma

10. Color or race Mexican 11. Age at last birthday 45 (Years)

16. Color or race Mexican 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 13 (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 8
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. m. on the date above stated

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }
Signature Charles E. Drin M.D.
Address Miami Guayma (Physician or midwife).

Given name added from a supplemental report. Filed Aug 31, 1926 Local Registrar.

Month, day, year. Filed _____, 19____ County Registrar.

Registrar

951-430-236